

# Fellowship Support Program

**Early assessment for safety and learning pack**



## **Fellowship Support Program: Early assessment for safety and learning pack**

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*We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.*

# Introduction

The first two weeks are key to set up the relationship between registrars, their supervisor and training sites. Registrars come from diverse backgrounds, and some may be unfamiliar with working in Australian general practice. If the registrar has already been working in the approved training site prior to commencement of the Fellowship Support Program (FSP), they may still benefit from revisiting practice systems and resources and considering how the FSP activities will be conducted in practice.

An early assessment for safety and learning (EASL) ensures that the supervision registrars receive is matched to their learning needs. Over the first two weeks of the program, registrars and supervisors must complete the following activities:

- **EASL pack.** This contains key documentation and guidelines on:
  - in-practice orientation
  - orientation checklist
  - call for help list
  - clinical supervision plan
  - a teaching plan

The registrar and supervisor need to go through this pack together and complete all the forms. Once complete, the supervisor is responsible for uploading a copy of the EASL pack to the 'Documentation' section of the registrar's [FSP portal](#).

- **Case-based discussions:** The registrar needs to submit two de-identified cases to the 'Assessments' area of the FSP portal, and the supervisor will need to review, assess and provide feedback.
- **Mini-clinical evaluation exercises:** The supervisor needs to observe four of the registrar's consultations and provide feedback via the mini-clinical evaluation exercise (mini-CEX) form on the FSP portal.
- **Multiple-choice questionnaire:** The registrar will complete an online questionnaire and the registrar will share their results with their supervisor to review. Registrars will find the result of this MCQ in gplearning.

# RACGP in-practice orientation

A well-planned, comprehensive orientation to the training site and the local environment is an essential task for the supervisory team to undertake.

Firstly, it helps ensure the safety of the registrar, the training site and the community. This extends beyond physical safety to include cultural safety.

There are several other important benefits:

- registrars report that a good orientation at the start of training reduces their anxiety significantly. It can increase a sense of inclusiveness and improve confidence.
- minimising later misunderstandings with clear statements of expectations
- avoiding frequent interruptions in the first few weeks for basic questions
- reducing billing and admin mistakes or omissions.

Registrars beginning their general practice training will be unfamiliar with most of the systems and processes of general practice. They will need to learn about billing, prescribing, medical software and referrals as examples. If the registrar has already been working in the approved training site prior to FSP commencement, they may still benefit from revisiting practice systems and resources and considering how the FSP activities will be conducted in practice.

Orientation for a registrar should occur on program commencement, ideally on Day 1, and can be during time allocated for the early assessment for safety and learning (EASL), i.e., in consultation-free time. After that, the supervisor should be able to be observed by the registrar, observe the registrar, or review all registrar consultations for as long as needed to confirm the registrar's readiness to practice without routine review of every consultation.

Registrars usually remain at the same training site for all or most of their training, however there may be circumstances where registrars will move. When a registrar moves training sites in a later term, orientation is still required. Whilst the registrar may be familiar with practice management software, they will need an introduction to training site systems, policies and procedures and a discussion on addressing their learning needs.

The orientation checklist below is available to the registrar, supervisor and practice manager. It is designed for orientation to the first GP term. The registrar will be responsible for making sure all items are addressed. It is also appropriate for use in later terms although not all the items may need to be covered. Training sites are encouraged to download a Word copy of the document and insert their letterhead and edit the document for their context.

Not everything can be covered initially, particularly if the registrar has not worked in general practice before – there is too much information to retain. Many processes will be learnt over the next few weeks, often when they are encountered for the first time while consulting. For example, chronic disease management MBS items, workers compensation, and advanced computer functions. Some may become the subject of the dedicated teaching sessions.

Much of what a registrar needs to learn about starting in general practice is more appropriately learned in the workplace.

A good orientation takes time and organisation. Much of it can be done by the practice manager but the supervisor must be involved with teaching how to use the clinical software and in discussions about teaching and supervision.

## Before a registrar sees their first patient

The following must be covered before a registrar sees their first patient in a new training site.

- Meet the people immediately involved - nurse, practice manager, front desk staff, any supervisors
- Who, how and when to call for help (see below)
- Processes and systems
  - *Computer:* At a minimum, the registrar should learn how to record progress notes, write prescriptions, order investigations, write referrals, check results, and know how to access online resources (eTG etc)
  - *Billing:* The registrar needs to know how billing works in the training site. The common item numbers used and how to communicate them to the billing staff. The registrar should understand bulk billing and private billing. It is also very important that registrars are clear on how to bill for follow-up appointments. Concern about charging patients is a known impediment to registrars organising follow-up visits.
  - Appointments
  - Fire/evacuation
  - Personal safety
- Commonly used equipment and supplies
- Emergency equipment and drugs
- Tour of the building
- List of recommended local referral options including pathology, imaging, other specialists, allied health practitioners, community health and social support agencies.
- Sitting in with the supervisor\* This is an important orientation activity as it's an effective way for the registrar to learn:
  - Consulting skills, especially language and phrasing; managing time; controlling the consultation; safety netting; using follow up.
  - Computer use. Ideally the registrar uses the computer to print scripts, order tests, look up results, and record notes while the supervisor consults

\*Sitting in for at least one session is recommended. It's worth allowing some space in the bookings for the supervisor to spend time teaching the registrar after each consultation.

Once the registrar has started seeing their own patients, the supervisor should observe a number of these consultations. It's then recommended that all registrar consultations be routinely reviewed until the supervisor is confident that their registrar is competent to manage patient care independently.

## Explaining how supervision and teaching will happen

Orientation of the registrar also involves giving clear information and discussing about how supervision and teaching will happen.

This includes:

- Initial level of supervision
  - This could range from the supervisor sitting in with every consultation, to discussing every case before the patient leaves, to debriefing all patients seen at the end of the day, through to calling for help only when the registrar feels it is needed.

- How and when to ask for help during the day once routine review of all cases is not required
  - Who is available to be called? How and when do they want to be contacted.
  - Ideally the outcome of this discussion is documented in a supervision plan. A guide to developing a supervision plan that includes a template is available later in this pack.
- The arrangements for back-up supervision if the usual supervisor/s are non-contactable.
  - This includes after-hours back up.
- Early discussion of learning needs and plan to address them.
- Formal, scheduled teaching (if applicable) – how and when it will happen.
  - It is best scheduled for a time in the day least prone to interruptions or running late (ideally not at lunchtime or at the end of the day). Planning the teaching, at least one week ahead.
- Opportunistic teaching from questions or cases
- How assessments will happen including case-based discussion and random case analysis.
- Feedback – what it looks like and how it happens.
  - Encourage the registrar to seek it. Discuss trust and safety. Also, express your openness to receive feedback from the registrar.

All supervised doctors should be made aware that it is an expectation that they seek advice as much as they require. This may involve reassuring them of your willingness and availability to help.

These arrangements should be discussed with everyone in the supervision team and relevant aspects communicated with the whole training site.

This should ideally be formalised in a *supervision plan* and a *teaching plan*.

# Orientation checklist

Supervisors and practice managers can use this orientation checklist to plan and conduct a comprehensive orientation for a new registrar. This list can be adapted to suit each training site. Please add or delete items as required.

**Registrars are responsible for ensuring that the relevant items are addressed**, ideally by the end of the second week of the term. The orientation can be provided by one or more appropriate training site members. The supervisor needs to have the discussion about supervision, teaching and learning. Use of the computer for clinical purposes should be taught by a medical team member.

Who is responsible for each task varies from training site to training site. Use the left-hand column to assign responsibility.

Training site name	Registrar name	Approved supervisor

Person responsible	Orientation checklist	Complete
	<b>Introduction to the staff and their roles</b>	
	Doctors including their interests and expertise	
	Practice nurses and their roles	
	Practice manager	
	Admin staff	
	Allied health	
	Cultural educator	
	Overall practice philosophy	
	Practice information document and practice history	
	Practice meetings – formal and informal	
	<b>Work health and safety processes</b>	
	Duress response	
	Injury incl. needle stick	
	Infection control	
	Fire/evacuation	
	<b>Rooms and equipment</b>	
	Tour of the premises	
	Commonly used medical equipment and supplies	
	Emergency equipment and drugs, including location of defibrillator, fire extinguisher	

	Phone system, email faxes	
	<b>Computer use (best done by supervisor or another doctor)</b>	
	Medical records and software demonstration	
	Prescriptions	
	Test ordering	
	Referrals	
	Test results or correspondence checking processes	
	Recalls and reminders	
	Documents	
	Billing software	
	Appointments and waiting room	
	Educational resources e.g. eTG's, HealthPathways	
	Telehealth processes	
	<b>Provision of useful written information</b>	
	Common MBS items	
	List of practitioners commonly referred to – specialist, mental health, allied health, community health	
	<b>Training site administration</b>	
	Ahpra registration, medical indemnity	
	Update National Health Services Directory (NHSD) with registrar's details	
	Notify local radiology and pathology providers of registrar's details	
	Pay and employment paperwork	
	Rostering including release for out of practice education	
	Leave	
	Patient bookings	
	How billing works – especially bulk billing vs private, billing for follow up visits	
	Reports, forms	
	<b>Professional issues</b>	
	Informed consent (which also includes financial informed consent)	
	Dress, punctuality, personal communication and behaviour	
	Confidentiality and privacy	
	Practice policies	
	S8 prescribing	
	Complaints and critical incidents	

	Social media	
	Safe administration of immunisations and medications in the training site	
	<b>The local community</b>	
	Aboriginal and Torres Strait Islander population, other cultural groups, organisations, and services	
	Key people in the community	
	Other health providers including pharmacy services	
	Local specific health needs	
	Social support services and facilities	
	Recreation, sporting, cultural opportunities	
	Consider a tour of the local area	
	Local hospital orientation	
	Aged care facility orientation	
	<b>Supervisor meeting to discuss:</b>	
	How supervision happens	
	Who to call including when the approved supervisor is unavailable, off-site, or after hours. Provision of supervision roster.	
	When to call – in what circumstances. Clear reassurance and encouragement that asking for help is welcome. Clear message of availability and approachability	
	Discussion of call for help list.	
	How to call – phone call, messaging	
	How teaching happens	
	Dedicated, protected time	
	What teaching will look like – types of case discussion, direct observation, procedural teaching, topics	
	Informal teaching whenever the opportunity arises	
	Who may be involved in teaching	
	Planning teaching based on identified needs	
	How assessments and reporting happen	
	Giving feedback – how and when. Openness to feedback both ways	
	Discussion of registrar's background	
	In medicine	
	Outside medicine	
	Discussion of learning needs	
	Handover when registrar away (results, follow-up)	

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	Consultation observation	
	Registrar observes the supervisor consulting for at least one session	
	Co-consult - registrar completes documentation in medical software, referrals and prescriptions, whilst supervisor conducts the consultation with patient.	
	Supervisor observes the registrar consult	

# Call for help list

## When should I call for help?

GP registrars are expected to seek help from their supervisor for patients they are not competent or confident to manage alone. In the first training term there will be a period where all registrar consultations are reviewed by a supervisor. Beyond this, it will be up to the registrar with guidance from the supervisor, to determine when to call for help.

As each registrar has a unique training background and set of clinical experiences it isn't possible to create a standardised list of clinical situations when help should be sought by all registrars. Instead, an individualised plan is required for each registrar. This document is intended to guide a conversation between the registrar and supervisor about when supervision will be needed.

The 'call for help' list was developed through research with registrars, experienced supervisors and medical educators. Some of the problems on the list are present because a registrar is unlikely to have encountered them before. Other problems on the list are high-risk for all GPs and even an experienced GP might seek help from a colleague. Finally, some problems are on the list because, although a registrar may have encountered them already, management in general practice is different. For example, troponin levels are routinely used for chest pain presentations in hospital but are unlikely to be used in mainstream general practice.

Items may need to be added to the list because the registrar has identified an area where they will need help or because their training site may have a special interest or serve a particular patient demographic not covered in the list. The list doesn't include every clinical situation when help will be needed, and the registrar should feel free to call for any problem when they perceive they need assistance. Over time, the registrar will work with their supervisor to know which problems need to be discussed during a consultation and which can be left to discuss at a later opportunity.

In addition to the list of specific clinical problems to trigger a call for help there is also a list of 'uncertainty flags', a list of 'new and challenging consults', and a list of 'professional and legal scenarios' These lists should be self-explanatory.

## How to use this document

The registrar should read through and become familiar with the list of 'uncertainty flags'. These are broad markers of uncertainty that indicate the registrar should seek assistance. The 'new and challenging consults' and 'professional and legal scenarios' are specific circumstances where, particularly the first time they are encountered, the supervisor likely wants to be consulted.

The remaining items on the 'call for help' list are clinical problems. For each of the items on the list of clinical problems the registrar should complete an assessment of their confidence to manage the problem. The registrar should bring their completed list for use in a discussion with the supervisor about when they are likely to need to call for help.

Keep the list handy during the term. Some registrars who have felt reluctant to call for help have found it reassuring to see the breadth of circumstances where help is expected to be obtained.

## Uncertainty flags

- Considering sending patient to Emergency Department
- A patient you are unsure about sending home
- Third presentation for the same issue without a clear diagnosis or plan
- If you think you have made an error
- If you think there is going to be a complaint (disgruntled or dissatisfied patient or relative)
- When you are unsure who to refer to
- Abnormal pathology or imaging results that you don't understand
- Prescribing medications you are unfamiliar with
- 'Heart sink' patients: i.e. patients you are finding overwhelming
- When a patient attends asking you for a 'second opinion'

## New or challenging consultations

- Nursing home visits
- Home visits
- Issues of cultural safety particularly for an Aboriginal and/or Torres Strait Islander patient
- Procedures being done for the first time in the clinic (excisions, implants, joint injections)
- Making a new major diagnosis (cancer, diabetes, IHD) and starting management
- Breaking bad news to patient (cancer, HIV, adverse pregnancy outcome)
- Pre-operative assessment of fitness for anaesthetic

## Professional or legal

- Certifying competency to sign a will or other legal documents
- Workers' compensation consultations
- Driving assessment
- Consultations involving determining whether someone is a 'mature minor'
- Commencing a drug of dependence (S8) other than for palliative care
- Repeat drug of dependence (S8) prescriptions

Reference: Ingham G, Plastow K, Kippen R, White N. A 'call for help' list for Australian general practice registrars. Aust J Gen Pract. 2020;49(5):280-7.

# Call for help list

Training site name

Registrar name

Date of plan

Approved supervisor name

GP Training term

Clinical problem	Your confidence to manage independently in general practice		
	Not at all	Somewhat	Very confident
<b>Emergency medicine/Acute presentations</b>			
Acute significant systemic symptoms: collapse, rigors.			
Extreme abnormalities of vital signs			
Acute onset of shortness of breath			
Severe abdominal pain			
Chest pain			
Severe headache that is new or sudden onset or associated with vision change or meningism			
Concussion/post head trauma			
Trauma with high risk of injury e.g. high speed or rollover MVA			
Post collapse, possible seizure			
Acute eye - unilateral red, painful, vision loss, or periorbital swelling			
Sudden loss of hearing not due to wax			
Fracture			
Nerve, tendon or serious muscular injury			
Acute red swollen joint			
<b>Possible malignancy</b>			
New bowel symptoms in a patient over 50 years of age			
Painless haematuria			
Lymph node enlargement without simple explanation			
Unexplained weight loss			
PR bleeding			
Testicular lump			

Clinical problem	Your confidence to manage independently in general practice		
	Not at all	Somewhat	Very confident
A new or enlarging lump			
Iron deficiency			
Skin lesions you are unsure of diagnosis and whether to excise			
Breast lump			
Persistent cough			
<b>Mental health</b>			
Acutely suicidal patient			
Acute psychosis			
<b>Paediatrics</b>			
All neonates			
6-week baby check			
Australian immunisation schedule immunisations (including catch ups)			
Unwell child under 2 years of age			
Failure to thrive under 12 months of age			
Developmental delay			
Child and adolescent mental health consultations			
Child abuse or unexplained injury			
Eating disorder			
<b>Women's health</b>			
Antenatal consultations			
Irregular vaginal bleeding			
Post-menopausal bleeding			
Postnatal depression			
Cervical screening			
<b>Aged and palliative care</b>			
Dementia or delirium (acute cognitive decline)			
Deciding whether to start or stop anticoagulation in elderly			
Palliative care			
Elderly patient not coping at home			
Elderly patient with multi-morbidity recently discharged from hospital			
<b>General medicine</b>			
Poorly controlled diabetes			

Clinical problem	Your confidence to manage independently in general practice		
	Not at all	Somewhat	Very confident
Pyrexia of unknown origin			
New neurological symptoms or signs			
Severe exacerbation of asthma or COPD			
Rash you are unfamiliar with			
Domestic (intimate partner) violence			
<b>Dependence/Addiction/Pain management</b>			
Chronic pain management			
Managing alcohol/drug dependence			
<b>Sexual health</b>			
Patient requesting STI screen			
Travel Medicine			
Pre-travel consultations			
Unwell returned travellers or international visitors			

Clinical problem	Your confidence to manage independently in general practice		
	Not at all	Somewhat	Very confident
<b>Other problems relevant to this training site or to my own clinical weaknesses that I may need help with</b>			

# Clinical supervision plan

## Introduction

Ensuring quality care and safety for the registrar's patients is primarily the responsibility of the training site. The training site is also responsible for the registrar's safety as they consult. The RACGP Standards for GP training requires the level of registrar supervision to be matched to the registrar's level of competence. A clinical supervision plan describes how your training site intends to achieve this. It is an important document for the registrar, and for all members of the supervision team.

A new clinical supervision plan needs to be developed each term as individual registrar competencies are different, registrar competency changes over time, and training site circumstances may change from term to term.

A clinical supervision plan addresses three things: 1) when to call for help; 2) who to call for help; and 3) how to call for help. In this document we will outline the issues to consider in addressing each of these and recommend how the plan should be reviewed. We then provide a template for the supervisor to complete with their registrar.

## When to call for help

Until the supervisor is aware of their registrar's abilities and are confident that they will call for help when they should, it is likely that all their consultations will need review. The supervisor may achieve this by any of the following means: sitting-in and observing the registrar while they are consulting; reviewing each registrar consultation at its completion in person or by phone before the patient leaves; or scheduling time to discuss and review all of the consultations at the end of the session or day.

Once the supervisor is confident that routine review of all consultations is no longer necessary, some guidance will need to be given to their registrar about when a call for supervision is required. To help inform this discussion, the registrar has been provided with the 'call for help' list – a document that lists problems that registrars and supervisors have considered likely to warrant a call for help. The registrar should complete a self-assessment of their confidence to manage the clinical problems on the list. This self-assessment, combined with any other available assessments and the supervisor's knowledge of their registrar's previous experience should inform a conversation about when they should call for help.

A supervisor may wish to continue using the 'call for help' list as a checklist, ticking off each scenario when it's determined it can be safely managed, however, the expectation is that most training sites will use the list as a 'conversation starter.'

## Who to call for help

A registrar must know who to call for help. There is not one correct way of allocating responsibility for supervision. Some training sites have the registrar always calling the same supervisor, others operate on a supervisory on-call roster. Some training sites identify doctors to be called for specific clinical problems (skin expert, women's health etc). Whatever method is chosen, it should be documented and clearly communicated to everyone involved.

Once there is no longer review of every consultation, the most crucial factor for effective supervision is that the supervisor is 'approachable and available.' It is important that the approved supervisor allows time in

their appointment schedule for the predictable interruptions, particularly early in the training. A backup plan needs to be recorded for when the approved supervisor is unable to assist or unable to assist immediately. This avoids jeopardizing patient safety when a registrar cannot obtain the help they need and ensures efficient operation of a training site.

## How to call for help

How to call for help will also differ between supervisors/training sites, so it needs to be documented. Most supervisors will prefer a phone call, but others will use instant messaging systems or a knock on the door.

The registrar may need some guidance about how to explain their call for help to their patient. As we don't want to undermine the patient's confidence in their registrar, it may be best for the registrar to explain their call for help as requesting a 'second opinion.'

It's also valuable for the supervisor to spend time educating the registrar about how they'd like requests for help to be communicated. For example, the supervisor may instruct their registrar to first identify whether they are going to need advice without the supervisor seeing the patient or if they need the supervisor to come into the room, and the degree of urgency involved. Once this is established the next steps can be negotiated.

## Reviewing the clinical supervision plan

It's important to regularly review the clinical supervision plan. It will likely need to change as the registrar progresses through the term or if training site circumstances change. It's also important that the supervisor periodically audit a sample of the registrar's records to detect if a registrar is failing to call when they should. This can occur for several reasons including:

- a registrar is embarrassed to reveal what they do not know (the 'known-unknowns')
- a registrar feeling their interruption would be unwelcome or a major inconvenience
- a registrar perceiving that the supervisor does not have the required expertise
- a registrar not recognising when they needed help (the 'unknown-unknowns')

The most used strategy for auditing registrar consultations is a random case analysis (RCA) which involves reviewing a sample of recent records with the registrar and is usually conducted during a scheduled teaching session. Alternative audit options include reviews of specialist referrals or an 'inbox audit' of pathology and imaging results. Both these strategies may detect circumstances where a registrar inappropriately referred rather than seeking help from their supervisor.

# Clinical supervision plan

*A supervisor should complete this document with their registrar following the orientation period.  
The supervisor first needs to be satisfied that the registrar does not require review of all their consultations.  
The plan will need reviewing and revising as the registrar progresses.*

Training site name

Registrar name

Date of plan

Approved supervisor name

GP Training term

Other members of the supervisory team

	Name	Role
Other accredited supervisors		
Allied health staff		
Admin and reception staff		

## When is the registrar expected to call for help?

Document the particular presentations or circumstances when the registrar is expected to call for help. Are there situations where help can be sought at the end of the session rather than at the time of the consultation? The registrar should be encouraged to call for help whenever they feel unable to adequately meet the patient's need.

## Who is to be called for help?

Record the current arrangements for who the registrar should call during each session and document what should happen when the approved supervisor is not available. This may include arrangements for after-hours and hospital on-call back up. If there are multiple alternative contacts, the training site may wish to use a supervision roster, like the example below.

## Supervision roster

(For each session who should the registrar call, and what back-up is available)

Days	AM	PM	After hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

## How should a call for help be made?

Via phone, knock on door, IT messaging? Consider how will it be explained to the patient and how the request for help should be articulated.

## Supervisor leave arrangement form

The underlying principle in managing supervisor leave is to ensure patient and registrar safety.

**Key requirements** from the [Accreditation-Standards for training sites and supervisors: Guide to implementation](#).

- All training time must be supervised. Time spent by a registrar without supervision does not count towards training requirements for fellowship.
- It is recommended that a practice has adequate specialist registered GPs onsite to ensure there is always an experienced GP available for escalation of time-critical registrar supervision needs and to cover periods of leave.
- At any time where accredited supervisors are not able to appropriately supervise the registrar, the RACGP **MUST** be notified immediately.

### Expectations

It is permissible for another specialist GP (with unrestricted registration) to cover **short periods (2 weeks or less)** of supervisory absence. **The RACGP should be notified of any periods of leave, greater than two weeks.** Prior to planned leave, the supervisor should consider how adequate supervision will be provided during the leave. When emergency situations arise resulting in unplanned leave of an unknown timeframe, and there is no other accredited supervisor in the training site, the RACGP must be notified immediately.

For longer periods of planned leave (greater than 2 weeks), The RACGP must be notified immediately via completion of the [change in circumstance form](#).

### Alternate supervisor leave plan

If you take planned or unplanned leave during the term, how will the supervision responsibilities be managed? Specifically:

- Who will provide supervision in your absence?
- If the substitute is a part-time employee, how will their coverage be arranged? Will they increase their hours, or will they be available by phone?

Please detail the arrangements for managing your leave.

## Alternative supervisor

Proposed supervisor details - may include a Fellowed GP or an accredited supervisor.

Please note: alternative supervisors MUST meet supervisor eligibility requirements: specialist GP with unrestricted registration and recency of comprehensive GP work in the past 12 months.

Full name of proposed supervisor

Mobile

Email

Ahpra number

Practice name

On-site or Off-site

Is the supervisor currently accredited by RACGP/ACRRM for registrar training.

Yes

No

\*Not a mandatory requirement

If yes, please provide details:

Is the supervisor currently a specialist GP that has recency of general practice in the past 12 months?

\*Mandatory requirement

Yes

No

If yes, please provide details:

**Please note that long term leave arrangements will be assessed and approved at the time of submission.**

## Declaration

### Nominated FSP supervisor

I declare I have:

- informed the proposed alternative supervisor of the function and training needs of the registrar.
- ensured the proposed alternative supervisor is aware of their role and responsibilities in relation to registrar training including supervision, informal and formal teaching requirements.
- introduced the registrar/s of the alternate supervisory arrangement.
- informed the practice team of the proposed alternative supervision arrangement.

Name

Signature

Date

# In-practice teaching and teaching plan

## Teaching time

The registrar's approved supervisor is responsible for ensuring that the registrar receives their mandated minimum teaching time, whether from them or another member of the supervisory team.

Teaching time includes both formal and informal teaching activities, and the amount of time required depends on the registrar's stage of training.

## Minimum teaching times for each full-time registrar

GP term	Included scheduled and uninterrupted time
GPT1 (first fortnight)	one hour each day
GPT1/GPT2	one hour per fortnight or 30 minutes/week
GPT3/GPT4	one hour per month

For part-time registrars, the expected teaching times are the same as for full-time registrars.

## Scheduled and uninterrupted formal teaching sessions

Most of the scheduled sessions should be one-on-one teaching that addresses the registrar's individual learning needs, for example, observation of consultations, review of medical records, feedback, assessment, and critical incident review.

Teaching sessions should ideally be scheduled in the first hour of a consulting session or before consulting starts in the morning. Scheduling teaching sessions at lunchtime or at the end of the day is not ideal as these times are prone to interruptions or participants running late.

Not all scheduled teaching sessions need to be delivered by the supervisor. For example, a registrar with learning needs in the initial management of diabetes might sit in with a diabetes educator for an initial consultation with a patient recently diagnosed with diabetes.

How each training site coordinates the provision of teaching will reflect the number and type of learners and educators at the site. A teaching plan includes: a calendar of scheduled teaching activities; required assessment activities, and activities planned to address an identified learning need. It also provides the means to record completed teaching activities.

## In-practice teaching activities

General practice training in Australia follows an apprenticeship model with a registrar learning 'on the job'. In this context, a supervisor's primary role is to enhance and deepen the learning that occurs through clinical work.

The teaching a supervisor provides will be mainly directed by the individual learning needs of the registrar.

The following teaching methods are used to enhance workplace-based learning.

### Mini-clinical evaluation exercise

There is no better way to teach consultation and communication skills than by directly observing interactions with patients. A mini-clinical evaluation exercise (mini-CEX), also known as direct observation, is known to be acceptable to the patient, as well as highly regarded as a learning experience by learners. Sitting in on consultations early and often in the training term is strongly encouraged.

### Case-based discussion

This teaching method tends to be the predominant method used, especially early in general practice training. The registrar brings a 'problem case' to discuss with the supervisor. This provides an opportunity to teach core knowledge, as well as to improve clinical reasoning skills and management of uncertainty.

### Random case analysis

In random case analysis (RCA), a supervisor selects a recent registrar record for discussion. Unlike a case-based discussion, where the registrar chooses a patient to discuss, a 'random' selection method allows identification and exploration of areas in which the registrar either doesn't recognise they have a clinical knowledge gap ('unconscious incompetence' or 'unknown unknowns'), or doesn't wish to reveal they have a knowledge gap ('conscious incompetence' or 'known-unknowns'). As a result, RCA has educational utility for all stages of learners, and across all levels of competence. Although RCA can be used to explore all domains of general practice, it is a particularly effective method for exploring a registrar's clinical reasoning and record-keeping skills.

### Inbox review

Reviewing test results by going through a registrar's email inbox is an effective way of monitoring rational test ordering and provides a lead-in to a broader case discussion. Inbox review is valuable for exploring how a registrar is managing uncertainty and their understanding of the appropriate use of screening tests.

## Teaching topics

There is no requirement to provide specific topic tutorials as part of in-practice teaching. However, if it meets the registrar's learning needs, discussion of a topic may be appropriate. There are many helpful resources for teaching a topic, including:

- the [2022 RACGP curriculum and syllabus for Australian general practice](#) that is designed for use by registrars and educators and can be a useful resource for a supervisor's teaching. It supports the supervisor role as a 'meaning maker' – helping with the application of knowledge rather than being a transmitter of knowledge. There are 42 units covering important general practice clinical presentations and patient populations. Each one includes a case consultation example and learning strategies that are specifically designed for use with supervisors. None of these are mandatory to use in practice but may complement the registrar's work-based learning. A suggested order for covering the syllabus is included in the education calendar however the units can be covered as determined by the registrar's learning needs.
- General Practice Supervision Australia (GPSA) has [teaching plans](#) that cover a wide range of clinical presentations.

Registrars are also provided with out-of-practice educational activities during their training. Being aware of the content of these activities may help inform the in-practice teaching plan.

## Informal teaching activities

Educational supervision (i.e., in-practice teaching sessions) can also include:

- orientation to the training site
- opportunistic and planned case discussions during and at the end of the day
- small group learning sessions with other registrars and students
- procedural skills education
- cultural education
- provision of feedback
- completion of assessments
- evaluation of teaching.

## Teaching plan

This document is for use between the approved supervisor and the registrar. It should be made available to all members of the supervision team. The teaching plan is completed by the approved supervisor and documents when teaching will occur and any intended activities during the teaching session. It's not the same as a learning plan which might be completed by a registrar to record their learning needs and how they plan to address these. The registrar should complete their learning plan in the FSP portal.

Dedicated teaching time should be scheduled for a time that is not likely to be interrupted or subject to either party running late. Try to avoid lunchtimes and end of the day. First thing in the morning or the start of a session will work better.

Training site name	Registrar name	Approved supervisor

## Teaching session schedule

When and where is the dedicated teaching time routinely scheduled, and who will be delivering this teaching.

Training sites, particularly those with multiple supervisors, may find it useful to keep a calendar or chart to display activities each week. This will also act as a prompt to plan at least a week ahead. Required assessment activities can be scheduled well ahead of time. Training sites can either use the document below or create their own in-practice teaching plan document.

## Teaching activity schedule

Week	Date	Time	Activity/content	By whom
1			<i>E.g. Orientation plan Consultation observation for early safety assessment</i>	
2				
3				
4				
5				
6				
7				
8				
9				
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11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
25			<i>E.g. End of term assessment</i>	

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### Fellowship Support Program

Early assessment for safety and learning pack

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